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## Eat smart! Arrives in Leeds, Grenville & Lanark

*Submitted by Tania Zanelli, Coordinator, Tri-Health Coalition*

*Eat Smart!* is Ontario’s Healthy Restaurant Program. It is an award program that recognizes restaurants that meet exceptional standards in nutrition, smoke-free seating and food safety. We are fortunate in the tri-county area to have 16 designated restaurants. While this number may seem low, it is an exceptional number for the first year of programming compared to other Ontario areas that have implemented the program.

Tri-Health chose to implement *Eat Smart!* for a variety of reasons:

- The program helps the coalition raise awareness about nutrition and smoke-free living (2 of the three risk factors we are mandated to target)
- *Eat Smart!* is a provincial program
- Recent research shows that Canadians eat out 4.75 times per week. *Eat Smart!* allows us to reach large numbers of people with our health promotion messages

Tri-Health worked closely with many of the public health inspectors from the Health Unit. They were instrumental in conducting inspections in all restaurants interested in *Eat Smart!* Because of the interest generated in the *Eat Smart!* program, 2 additional food safety courses were offered by inspectors reaching over 35 restaurant employees. Tri-Health will continue to work closely with the public health inspectors as the program grows.

Throughout all of Ontario there are presently 561 *Eat Smart!* restaurants. Restaurants can be recognized by their *Eat Smart!* certificates and their *Eat Smart!* door decals. For a list of other *Eat Smart!* Ontario restaurants visit [www.eatsmart.web.net](http://www.eatsmart.web.net)

Next time you are planning on eating out, consider one of the restaurants listed below. You will be sure to get a smoke-free seat, nutritious choices and safely handled and prepared food:

- Angelo’s Restaurant-Smiths Falls
- Baldachin Inn-Merrickville
- Calamity Jane’s Dining Lounge-Addison
- Coach House Restaurant-Kemptville
- Gananoque Inn-Gananoque
- Garden of Eat’n-Oxford Station
- Gypsy Wine Bar-Brockville
- Heritage Tea Room-Brockville
- Lobster Trap Seafood Restaurant-Gananoque
- Peter’s Family Fare Restaurant-Perth
- Provincial Inn-Gananoque
- Tait’s Bakery-Smiths Falls
- Victoria Rose Inn-Gananoque
- Waterford Tea Room-Almonte
- Wheeler’s Pancake House-McDonald’s Corners
- Zellers Family Restaurant-Brockville
Tuberculosis Surveillance: Part II

Submitted by Bonnie Erwin, Public Health Nurse

All potential immigrants (including sponsored refugees) and certain visitors are required to undergo an immigration medical examination prior to their arrival in Canada. The examination is designed to determine the presence of several diseases including active or inactive tuberculosis.

Applicants residing outside of Canada found to have active tuberculosis are referred for treatment. At least 6 months of anti-tuberculosis therapy is required before medical admissibility is reassessed. Individuals who are subsequently admitted to Canada are referred for public health surveillance. Applicants with inactive tuberculosis at the time of medical assessment are referred for public health surveillance following arrival in Canada.

The local health unit as per the Ontario Ministry of Health protocol:

• Contacts the person and assesses for active tuberculosis reviewing a check list of signs and symptoms
• Informs client of requirements of medical surveillance
• Gives instructions on obtaining OHIP coverage
• Provides a medical assessment form to be completed by a doctor. This will include chest x-ray and sputum samples.

The person is discharged from medical surveillance when the
1. chest x-ray is normal and tuberculosis skin test is negative or
2. client has completed an adequate course of chemoprophylaxis or
3. tuberculosis staff can obtain reliable documentation of treatment and compliance or
4. There is no change in the clients chest x-ray over the 3-5 years follow-up period.

Tuberculosis surveillance is a challenging and interesting aspect of public health.

Preconception Health – Why it Matters

Submitted by Barbara Gill, Public Health Nurse

For decades women have been advised to see their health care providers early in pregnancy, but by then, it is already too late to prevent most birth defects.

Birth defects are a major cause of infant deaths. One in 20 babies born in Ontario will have a birth defect. Fetal death are often overlooked statistically but significantly add to the negative results of birth defects.

Most birth defects happen while the baby’s organs are developing. This development of the organs (organogenesis) occurs between 17 and 56 days after conception. By the time a woman realizes that she may be pregnant, the baby’s future has already been decided. If she has been binge drinking, if her nutrition has been poor and her folic acid intake has been inadequate, or if other lifestyle risks are present, her baby may already have been harmed.

As well, birth defects can be associated with medical problems of the mother, with a family history of physical or mental disability, or with exposure to toxins. Pregnancy outcomes can be improved when people have the information they need to make choices before they become pregnant.

Given the fact that in Ontario 41% of pregnancies are not planned, it is apparent that we in public health need to be reaching out to all women and not just those that intend to conceive.

The objectives for preconceptional health promotion are:

• To educate women/partners about risks
• To decrease amenable risk factors and
• To increase the number of planned decisions about conceiving.

Preconceptional health promotion is true primary prevention. Through our contacts with individual clients, our work in schools and workplaces, by community campaigns and by educating other professionals, we have the opportunity to influence health before life begins.
Get help to quit smoking ... at your next dental appointment!

Submitted by Yves Decoste, Public Health Nurse

Leeds, Grenville and Lanark Dentists and Dental Hygienists recently received a package from the Health Unit to help them identify the smoking status of their clients to offer appropriate brief cessation counselling as well as printed information.

The packages were sent out May 31st to coincide with World No Tobacco Day and are another attempt to help smokers “Break the Habit”.

The packages contain a charting sticker system to help identify clients, brief steps and counselling information, and the Canadian Cancer Society’s self-help “One Step at a Time” booklets and help line toll-free number.

Nitrates in drinking water

Submitted by Marty Moir, Public Health Inspector

Throughout the past year, private well users have become increasingly concerned with the quality of their drinking water. While most of the emphasis has been on potential bacterial contamination, chemical pollutants have also been of concern. One of the most common groundwater contaminants is nitrate.

Most nitrate in groundwater is the result of contamination from fertilizers, manure and sewage disposal systems. Nitrate is also a natural constituent of plants and can enter groundwater through the decomposition of large quantities of organic material. Elevated nitrate levels in well water may also indicate contamination by bacteria for which further testing should be conducted.

Nitrate levels are of concern in drinking water primarily because excess amounts can cause methemoglobinemia or “blue-baby” syndrome. As a result, infants less than 6 months of age should not be allowed to consume water, in any form, that exceeds 10 ppm nitrate-nitrogen.

Health effects for older children and adults are less clear. While long-term health effects have not been observed at levels less than 100 to 200 ppm in drinking water, there is some evidence that nitrate may contribute to the formation of some cancers in adults. Nitrate can be converted to nitrite during digestion. Nitrite in combination with other chemicals has been suspected of contributing to gastric cancers. The effect of nitrate in water must be compared to the other sources of nitrate in the diet. Many vegetables and most cured meats have high levels of nitrate that may have a much greater impact than what could be absorbed from drinking water.

In 2000, 751 samples were submitted to the Health Unit for nitrate analysis. Of those samples, 63 had levels that exceeded the Maximum Acceptable Concentration of 10 ppm. Homeowners with exceedences are informed of the potential health effects and are advised as to the appropriate measures that will reduce their exposure.